

thanks are due. Our profession still contains those who scoff at polygrams and electrocardiograms as fancy adjuncts to medicine but they have served their purpose well and the scoffers are among those who know least about the pathological physiology of the heart. Those who have interested themselves in this work appreciate the great step that has been made and those who would be anxious to get a more intelligent conception and greater therapeutic efficiency in the handling of heart disease should follow assiduously the work along these lines that is now going on.

H. I. W.

Although the easier and more rapid means of transportation and communication, and the constant stream of travel are making medicine more and more cosmopolitan, there seem still to exist some few appliances and methods peculiar to certain countries. The Kelly obstetrical pad, for instance, is distinctively American. We have never seen this admirable appliance used either in Great Britain or on the continent of Europe.

In the *Journal of the A. M. A.* for July 1st, W. T. Coughlin describes a form of ether anaesthesia which he happened to see in Leopold's clinic in Dresden, called the "Aetherrausch" and first described by Sudeck of Hamburg.

The "ether-rausch" may be known in Canada—Mackay says it is in a note on Coughlin's paper in a later number of the *JOURNAL*—but it does not seem to be known or used in this country;—and yet it is the anaesthesia *par excellence* for the clinic, for the office, for private practice, wherever, in fine, a short anaesthesia is needed and gas is not at hand. It is used a thousand times a day throughout Germany, and a death or an untoward accident under its use has never been reported. It takes but two or three minutes to induce, carries with it no post-operative vomiting or malaise, and its effects pass off in ten or fifteen minutes.

It has, however, its limitations: it is a short anaesthesia and incapable of prolongation; it gives complete analgesia but not complete muscular relaxation, so that it cannot be used for setting a fracture or for reducing a dislocation.

In principle the "ether-rausch" depends upon a quick momentary saturation of the blood with ether. The technique is as follows:

First. Remember the anaesthesia is a short one, prepare the patient *completely*, and get *everything* ready to your hand—instruments, sutures (needles ready threaded) disinfectants, drains, dressings, splints,—if you have to stop to hunt for a dressing the patient will be awake before you know it.

Second. Saturate an old-fashioned, large ether mask with 50 to 75 c. c. of ether—a Juillard mask covered with 8 layers of gauze inside and with oiled silk outside is the best, but an ordinary ether mask above which are placed two towels folded so as to make 8 layers will do. Tell the patient to hold one arm up in the air, and to breathe deeply, with forced inspirations. After he has taken five or six deep breaths advance the mask, holding it two or three inches above the face at first. The face

soon begins to flush, the respiration to deepen;—now apply the mask closely, so as to let the patient breathe the concentrated ether vapor;—two or three more breaths and the arm which the patient was holding elevated will drop. This is the signal to begin; the anaesthesia is now complete, operate and carry your work *through* quickly, dressings and all, without a stop. Don't begin before the anaesthesia is complete. If the course of giving the anaesthetic is interrupted by pain the patient will begin to struggle and a further continuance of the narcosis will be impossible.

The mask should be removed from the face a minute after the patient is well "under"—after the painful part of the operation, the incision or the packing, is over. The room should be absolutely quiet throughout the whole procedure. The patient will then lie in a doze or stupor for four or five minutes after the mask is removed. When he awakes he presents the typical appearance of a drunken man—sits up with a flushed face and stupid leer, and laughs hilariously, or weeps—or does both at once.

Sudeck's "ether-rausch" has been a boon to many a German practitioner; it deserves that we should know it and practice it.

From time to time one hears the "vaccine" treatment of certain skin diseases adversely criticized by physicians who have been disappointed with their results. During the past six years the writer frequently has seen patients who previously had been given vaccines by their physicians in an empirical manner, with the inevitable bad result and the consequent discrediting of the method. It is to those who have been disappointed with their results that the following "don'ts" are respectfully dedicated in the hope that their due observance may be the means of preventing some future failures. The writer bases the following on considerable personal experience and success with the method and reports from other practitioners.

Do not expect to see good results unless vaccines are used in accordance with certain established rules,—only disappointment can result from empiricism.

Do not use vaccines to the exclusion of all other methods.

Do not use an emulsion over three months old.

Do not use a monovalent stock vaccine if a polyvalent preparation can be obtained and do not use either if an autogenous vaccine is available.

Do not overwhelm the patient at first with too large doses, and do not increase the dosage too rapidly.

Do not inject too often—this is a common error which is responsible for many disappointments.

Do not inject vaccines in the treatment of the average case of acne, furunculosis or staphylococci more often than once in seven or ten days. Be guided by the clinical signs.